

Case Number:	CM14-0172627		
Date Assigned:	10/23/2014	Date of Injury:	01/19/1996
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42 year-old male with the date of injury of 001/19/1996. The patient presents with pain in his neck, radiating down his arms or shoulders, right side worse than left. The patient rates his pain as 7-10/10 on the pain scale, depending on the intake of pain medications. NRI of the cervical spine from 04/01/2014 reveals 1) multilevel cervical degenerative disc disease 2) No cord compression or cervical cord lesions 3) s/p anterior cervical fusion at C6-7. The patient is currently working. The patient is currently taking Norco, Nucynta, Gabapentin, Ibuprofen, Cymbalta and Androgel. According to [REDACTED] report on 09/12/2014, diagnostic impressions are; 1) Postsurgical cervical spine syndrome 2) Cervical facet arthropathy 3) Cervical radiculopathy 4) Cervical disc displacement and rupture 5) Cervicalgia 6) Depression 7) Mood disorder with medical condition 8) Thoracic spine pain 9) Low back pain 10) Possible opioid dependency. The utilization review determination being challenged is dated on 10/02/2014. [REDACTED] the requesting provider, and he provided treatment reports from 03/07/2013 to 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 60mg #60 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Duloxetine (Cymbalta) Page(s): 16-17;43-44.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities. The patient is s/p C6-7 fusion in 1997 and revision in 2011. The request is for Cymbalta 60mg #60 with 5 refills. MTUS guidelines page 16 and 17 state, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." MTUS guidelines page 43 and 44 state "The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression." The treater's report on 08/19/2013 indicates that the patient discontinued Cymbalta due to its allergy reaction, such as nausea, vomiting or diarrhea. The treater's report on 09/12/2014 indicates that the patient is prescribed Cymbalta for his neuropathic. Prior Cymbalta have failed and there is no explanation as to why Cymbalta can be helpful now therefore request is not medically necessary.

Gabapentin 300mg #120 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities. The patient is s/p C6-7 fusion in 1997 and revision in 2011. The request is for Gabapentin 300mg #120 with 5 refills. MTUS guidelines page 18 and 19 states that ""Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient appears to have a neuropathic pain component, with positive neurological findings on examination. However, the treater does not discuss that it is working better in improving pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain therefore request is not medically necessary.

Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria For Use Of Opioids Page(s): 88-89; 76-78.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities. The patient is s/p C6-7 fusion in 1997 and revision in 2011. The request is for Norco 10/325mg # 180 with 1 refills. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater' report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines therefore request is not medically necessary.

Nucynta 200mg #90 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 88-89; 76-78.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities. The patient is s/p C6-7 fusion in 1997 and revision in 2011. The request is for Nucynta 200mg #90 with 1 refills. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Nucynta or how Nucynta has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines therefore request is not medically necessary.